Please PRINT and answer all questions. SCHOOL YEAR 2011-2012

St. Jerome School
NEW STUDENT APPLICATION FORM
$50 Non-Refundable Application Fee
Individual Student Information

Student's Legal Name:_____ Applying for Grade:_____
Last First Middle Initial
Address_____ Gender:____M____F_____

City_____ Zip_____ Telephone Number (___)_____

Date of Birth_____ Place of Birth_____
City/State County
Name of Parent/Guardian_____

Religion of Child (Please check)	Ethnic Groups (Please check)	
_____Catholic	_____White	_____Asian
_____Other_____ (specify)	_____Black	_____American Indian
	_____Hispanic	_____Pacific Islander
	_____Multiracial	

- Name(s) and age(s) of siblings:_____
- Do all other children in Grades 1 through High School attend Catholic Religious Instruction? Yes No (Circle One)
- Please indicate pertinent medical information (eye/hearing disorder, asthma, allergies, etc.)_____
  _____
- Are you aware of any psychological/educational/emotional concerns that would affect your child's academic success? Yes_____ No_____ If yes, please specify_____
  _____
- Student currently attends _____school.
- Address of school student currently attends_____
- During the 2010-2011 school year, the student was in the _____ grade.
- Is this student currently enrolled in CCD? Yes_____ No_____
- Where (Name of School or Church)_____
- Has this child ever been in a CCD program? Yes_____ No_____
- How many years?_____ Highest grade he/she attended in CCD_____

Baptism_____
(Date) (Name of Church) (City) (State)
Communion_____
(Date) (Name of Church) (City) (State)
Confirmation_____
(Date) (Name of Church) (City) (State)

Did an administration, teacher, staff member or family of another student at St. Jerome School recommend our school to you? If so, please provide name: _____.